

# LPCA APPLICATION CHECKLIST

- ☐ \$50.00 Fee made payable to the Kentucky State Treasurer
- ☐ Official Sealed Transcript
  - Send to the Board at PO Box 1360 Frankfort, KY 40601 or overnight to 911 Leawood Dr. Frankfort, KY 40601.
  - If you have an official sealed transcript in your possession, you may send it with your application. However, it must have remained sealed and be in the original envelope from the school.
  - These should reflect graduate coursework earned to fulfill the requirements in Section 3 of the Application.
- ☐ Kentucky State Police Background Check
  - Please complete the request form at <http://www.kentuckystatepolice.org/>, select the Employment option.
- ☐ FBI Background Check
  - Applicants can get their fingerprints taken at any law enforcement agency and then they will need to be mail to the FBI. The instructions for this can be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Please follow the instructions provided to submit your request.
  - Please note that processing time is 14-16 weeks.
  - After submitting the request of the FBI Back Check, qualifying applicants may complete the Affidavit for Licensure form.
  - **FBI Results submitted from FBI Channelers will not be accepted.**
- ☐ Supervisory Agreement
  - If you do not have a supervisor at this time, your application can still be reviewed.
  - Should you meet the requirements for Licensed Professional Counselor Associate, you will receive a letter stating that you are eligible for licensure but a license cannot be issued until a supervisory agreement has been reviewed and approved by the board.
- ☐ An applicant seeking approval for licensure with a related degree shall provide syllabi and actual catalog descriptions for all applicable coursework.

**KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS**

P.O. Box 1360  
Frankfort, KY 40602  
<http://lpc.ky.gov>

**APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR ASSOCIATE**

\_\_\_\_\_  
**Last Name** **First Name** **Middle Name**

(As it should appear on your license certificate and the online license verification system)

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Present Place of Employment**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Business Address**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Business Address**

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Home Telephone Number**

\_\_\_\_\_  
**Present Place of Employment Telephone Number**

\_\_\_\_\_  
**Home E-mail Address**

\_\_\_\_\_  
**Present Place of Employment E-mail Address**

1. Are you credentialed as a professional counselor in any other state? ☐ Yes ☐ No  
If "Yes", Name of Credential: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Attach a letter of good standing from each state.)
2. Do you or have you ever held any other license, certificate, or registration from a state board in Kentucky or any other state? ☐ Yes ☐ No  
If "Yes", list license(s), certificate(s) or registration(s) and state(s) and attach a letter of good standing from each state:  
\_\_\_\_\_
3. Have you held a certification/license/registration in Kentucky or any other state that has ever been suspended or revoked?  
☐ Yes ☐ No  
If "Yes", give details and attach supporting documentation: \_\_\_\_\_
4. Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violations) under the laws of any state in the United States? ☐ Yes ☐ No  
If "Yes", submit a copy of your final judgment of conviction entered by the court where convicted.

Applicant's Name: \_\_\_\_\_

I, the applicant named above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

APPLICANT'S SIGNATURE: \_\_\_\_\_  
(Sign Your Name) DATE \_\_\_\_\_  
\_\_\_\_\_  
(Print Your Name)

## SECTION 2 - EDUCATION

Please request an official transcript to be mailed from the school to Board office.

School Name	Graduate/Doc. Degree (Qualifying per 201 KAR 36:070)	CACREP Accredited	Regionally Accredited	Graduation Date		NUMBER OF HOURS OR CREDITS	Major/Concentration
				MONTH	YEAR		
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

## SECTION 3 - CURRICULUM STANDARDS

PLEASE ENTER GRADUATE LEVEL COURSES ONLY.  
EACH GRADUATE LEVEL COURSE MAY ONLY BE USED IN ONE AREA.

1. The helping relationship including counseling theory and practice.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

Applicant's Name: \_\_\_\_\_

**SECTION 3 – CONTINUED. EACH GRADUATE LEVEL COURSE MAY ONLY BE USED IN ONE AREA.**

2. Human growth and development.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

3. Lifestyle and career development.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

4. Group dynamics, process, counseling and consulting.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

Applicant's Name: \_\_\_\_\_

**SECTION 3 - CONTINUED. EACH GRADUATE LEVEL COURSE MAY ONLY BE USED IN ONE AREA.**

5. Assessment, appraisal, and testing of individuals.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

6. Social and cultural foundations, including multicultural issues.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

Applicant's Name: \_\_\_\_\_

**SECTION 3 - CONTINUED. EACH GRADUATE LEVEL COURSE MAY ONLY BE USED IN ONE AREA.**

7. Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

8. Research and evaluation.				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

Applicant's Name: \_\_\_\_\_

**SECTION 3 – CONTINUED. EACH GRADUATE LEVEL COURSE MAY ONLY BE USED IN ONE AREA.**

9. Professional Orientation: Per 201 KAR 36:070 Section 1(2) requires a three (3) semester hour course, at the minimum, on Professional Orientation and Ethics that is concentrated on the American Counseling Association Code of Ethics. (Studies that provide an understanding of all aspects of professional counseling including counseling history, counseling roles, organizational structures, professional counseling ethics, professional counseling standards, and licensing and credentialing in professional counseling. Example Courses: Introduction to Counseling, Professional Orientation, Legal and Ethical Issues in Counseling.)				
Educational Institution	Prefix & Number	Course Title (No abbreviations)	Semester & Year	Credit Hours

Practicum/Internship - All applicants shall complete an organized practicum or internship in counseling consisting of at least 600 clock hours.				
Educational Institution	Prefix & Number	Onsite Supervisor(s)	Semester & Year	Number of Practice Hours

Applicant's Name: \_\_\_\_\_

## Section 4 - CERTIFICATION AND VERIFICATION OF CLINICAL INTERNSHIP/PRACTICUM

**INSTRUCTIONS:** Complete one form for each semester of internship/practicum.

1. Name of Student/Candidate: \_\_\_\_\_

2. University/College: \_\_\_\_\_ Department: \_\_\_\_\_

Degree Program: \_\_\_\_\_ CACREP ☐ Yes ☐ No

University/College Internship Supervisor: \_\_\_\_\_

Degree and Discipline of University/College Internship Supervisor: \_\_\_\_\_

License/Credential Held by University/College Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Year Internship/Practicum Completed: \_\_\_\_\_ Semester: \_\_\_\_\_ Quarter: \_\_\_\_\_

3. Agency(s) Internship Completed: \_\_\_\_\_

Name of Onsite Clinical Supervisor(s) Please Print: \_\_\_\_\_

Degree and Discipline of Onsite Clinical Supervisor: \_\_\_\_\_

License/Credential Held by Onsite Clinical Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Briefly describe nature of practice/experience including populations student worked with:

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Hours Experienced in Internship/Practicum: Direct Hours \_\_\_\_\_ Indirect Hours \_\_\_\_\_

Individual Supervision \_\_\_\_\_ Group Supervision \_\_\_\_\_ Total Hours \_\_\_\_\_

4. University/College Supervision Hours:

Individual Supervision \_\_\_\_\_ Group Supervision \_\_\_\_\_

\_\_\_\_\_  
Student/Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Supervisor/Instructor Signature

\_\_\_\_\_  
Date